

**Conclusion:** EG offers a reasonable treatment option for wound healing with over 70percent healing rate. The current data lacks level 1 evidence. Methodologically sound randomised controlled trials to compare against split thickness skin graft are necessary.

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#### 0141: GIANT CELL TUMOURS OF TENDON SHEATH; A 10-YEAR EXPERIENCE FROM MANCHESTER

B. Baker\*, R. Murphy, A. Mishra. *University Hospital South Manchester, Manchester, UK.*

**Introduction:** Giant cell tumours of tendon sheath (GCTTS) often masquerade as other tumour-like lesions. Incomplete excision is thought to contribute to recurrence; rates range from 5–45%. We aimed to evaluate the role of imaging, completeness of excision, and recurrence rates.

**Method:** Consecutive patients from 2005–2015 with a histopathological diagnosis of GCTTS in the upper limb were identified retrospectively from our coded online reporting system. Demographic data, clinical diagnosis, macro- and microscopic, and radiological tumour characteristics were recorded.

**Result:** 47 patients (49 GCTTS) were identified; median age 49 years (IQR 34–64). The most common site was the index finger (18,37%) vs thumb (10,20%), middle finger (10,20%), little finger (5,10%), and lesions proximal to the MCPJs (5,10%). The mean maximum dimension was 15mm (SD 7). 18 (37%) GCTTS were imaged, including plain radiographs (12,24%), ultrasound (10,20%), and MRI (5,10%). 4 (40%) were reported by ultrasound as GCTTS vs 3 (60%) by MRI. Diagnosis prior to histology was correctly GCTTS in 30 (61%) vs mucous cyst (6,12%), ganglion (5,10%), gout (2,4%), and other (6,12%). Excision margins were clear in 25 (51%) tumours and indeterminate in 24 (49%). None had malignant features. The recurrence rate was 10% (5).

**Conclusion:** Recurrence rates were low despite half of GCTTS being excised with indeterminate excision margins. Imaging was valuable for operative planning in some cases, but not for diagnosis.

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#### 0146: BILATERAL V TO Y INFERIOR GLUTEAL ARTERY PERFORATOR (IGAP) FLAPS FOR ABDOMINOPERINEAL (AP) RECONSTRUCTION

R. Rollett\*, R. Clancy, A. Gargan, J. Wiper. *Leeds General Infirmary, Leeds, UK.*

**Introduction:** More radical excisional surgery, especially for those with recurrences has resulted in large perineal defects. For laparoscopic assisted abdominoperineal (AP) resection, keeping the reconstruction outside the abdominal cavity is a sensible option. Inferior Gluteal Artery Perforator (IGAP) flaps are a reliable and easy method of reconstruction following AP resection for rectal tumours.

**Method:** Five patients had ten IGAP flaps for AP reconstruction. Bilateral V to Y perforator based flaps were performed were performed with pt prone. The medial portion of each IGAP were de-epithelised and sutured together then advanced into the defect. At least a 6cm advancement was achieved from each side to obliterate the dead space.

This technique allows the natal cleft to remain in the midline in contrast to unilateral IGAPs. No violation of anterior abdominal wall is required, unlike a VRAM.

**Result:** There were no flap failures, partial loss or wound dehiscence. Reconstructive operating time was less than 60 minutes.

**Conclusion:** The use of the IGAP flap prevents interference of stoma sites and further insult to the abdominal wall. This shortens recovery time, we conclude that IGAP flaps are a reliable, technically easy and a quick method of reconstruction following AP resection for low rectal tumours.

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#### 0278: REORGANISATION OF CRANIOFACIAL SERVICES WITHIN NORTH WEST THAMES

A. Plonczak\*, L. Ioannidi, C. Abela. *Chelsea and Westminster Hospital Trust, London, UK.*

**Aim:** Merging West Middlesex and Chelsea and Westminster Hospital Trusts provides an opportunity to streamline the pathway for patients with facial trauma.

**Method:** We conducted a retrospective analysis of patients presenting to West Middlesex Hospital Emergency.

Department with facial trauma between April 2014–March 2015.

**Result:** 64 patients were included (46 males, 18 females). There were 51 adults and 13 children. Facial fractures.

(30%) were the commonest sequelae of facial trauma, followed by dental (25%) and soft tissue injuries (14%). 11 patients (17%) were referred with clinically suspected facial fractures but normal plain x-rays. The majority of fractures were mandible (n=9), then nasal (n=2), orbital wall (n=2), mandible dislocation (n=2) and fractures involving multiple facial bones (n=2). 85% of bony injuries were referred to a distant hospital and 80% of soft tissue injuries were referred to the Chelsea and Westminster Hospital. 8 out of 27 patients with bony injuries referred externally were asked to attend an eye review at a separate hospital prior to assessment at the Craniofacial Unit.

**Conclusion:** We present data prior to re-organising craniofacial trauma services within North West Thames. We aim to bring the management of facial trauma into a semi-elective setting and provide a one-stop service.

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#### 0394: TO CELLUTOME OR NOT TO CELLUTOME? A PATIENT REPORTED OUTCOME MEASURE AND COST EVALUATION STUDY

S.J. Edmondson\*, O. Smith, N. Bystrzonowski, N. Hachach-Haram, M. Kanapathy, L. Twyman, T. Richards, A. Mosahebi. *Royal Free NHS Foundation Trust Hospital, London, UK.*

**Aim:** Split-thickness skin grafts (SSGs) are a useful method for covering defects. However, they require anaesthesia, access to specialist equipment and staffing and can have high donor site (DS) morbidity. The CelluTome epidermal graft-harvesting device is an alternative, providing pain-free epidermal-skin grafts (ESG) in outpatient settings with minimal DS trauma. This study aims to compare ESG with SSG by evaluating patient-related outcome measures (PROMs) and associated costs.

**Method:** Twenty patients answered a validated subjective skin graft satisfaction questionnaire evaluating donor/graft site noticeability, aesthetic concerns, adverse problems and patient satisfaction. Costs were calculated for each group based on operative expenses and dressing clinic appointments.

**Result:** Complete satisfaction with DS appearance was observed in 100% of ESG cases compared with 50% of SSG cases. Noticeability, adverse problems and overall satisfaction were significantly better in the ESG group compared with the SSG group ( $p < 0.05$ ). Graft site parameters were comparable with similar healing outcomes. Cost/patient for ESG was £431 and £1489 for SSG, resulting in annual savings of £126,960 based on ten cases/month.

**Conclusion:** CelluTome provides comparable wound healing to traditional SSGs, with reduced DS morbidity and higher patient satisfaction. Moreover, CelluTome facilitates the outpatient treatment of wounds whilst substantially reducing costs.

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#### 0420: TOPICAL GLYCOPYRROLATE REDUCES AXILLARY HYPERHIDROSIS TO A SIMILAR EXTENT AS SUBCUTANEOUS BOTOX INJECTIONS

A. Quddus\*, R. Nicholas, D. Baker. *Royal Free Hospital, London, UK.*

**Introduction:** Axillary hyperhidrosis affects 3% of the population. Subcutaneous botulinum toxin A (Botox) is the current “Gold Standard” treatment for severe cases. Conversely, the effectiveness of topical anticholinergic solutions is unclear. This study compares the effectiveness of